

The following is a list fields on the Accord Commercial Appliation that must be completed for coverage to be bound and/or quoted

Page 1	Applicant Information Section	Must Be Completed For: (Type of Policy)
1A	Producer's Information	All
1B	Producer's Phone #	All
1C	Date	All
1D	Policies or Program Requested	All
1E	Proposed Effective Date	All
1F	Proposed Expiration Date	All
1G	Applicant's Name	All
1H	Applicant's SS#	All
1I	Applicant's Mailing Address	All
1J	Applicant's Inspection Contact	All
1K	Applicant's Inspection Contact #	All
1N	Premises Information	Property or Package
1O	Nature of Business/ Description of Operations by Premise(s)	All
1P	General Information	All
1Q	Applicant's Signature	All
1R	Producer's Signature	All

Page 2	Prior Carrier Information Section	
2A	Prior Carrier Information	All - If Applicable
2B	Loss History (Prev. 5 Yrs for Property; 3 Yrs for GL)	All - If Requested

Page 3	Applicant Information Section Cont'd	
3A	Additional Interest/Certificate Recipient	All - If Applicable

Page 4	Commercial General Liability Section	
4A	Applicant Name	General Liability or Package
4B	Commercial General Liability Coverage	General Liability or Package
4C	Limits Of Liability	General Liability or Package
4D	Products	General Liability or Package
4E	Deductibles	General Liability or Package
4F	Schedule of Hazards Section	General Liability or Package
4G	Location #	General Liability or Package
4H	Classification	General Liability or Package
4I	Class Code	General Liability or Package
4J	Premium Basis	General Liability or Package

Page 5	Commercial Property Section	Must Be Completed For: (Type of Policy)
5A	Producer	Property or Package
5B	Applicant Name	Property or Package
5C	Subject Of Insurance	Property or Package
5D	Amount of Subject	Property or Package
5E	Coinsurance Percentage	Property or Package
5F	Causes of Loss	Property or Package
5G	Deductible Amount	Property or Package
5H	Construction Type	Property or Package
5I	Distance to Hydrant	Property or Package
5J	Distance to Fire Station	Property or Package
5K	Protection Class	Property or Package
5L	Year Built	Property or Package
5M	Total Area	Property or Package
5N	Building Improvements or Updates	Property or Package
5O	Wiring Year	Property or Package
5P	Roofing Year	Property or Package
5Q	Plumbing Year	Property or Package
5R	Heating Year	Property or Package
5S	Burglar Alarm Type	Property or Package
5T	Burglar Alarm Installed and Serviced By	Property or Package
5U	Additional Interest	Property or Package
5V	Loss Payee	Property or Package
5W	Mortgagee	Property or Package

Mail the completed application along with any other required documentation to:

Tim Parkman, Inc.
Attn Commercial Underwriters
P.O. Box 2220
Clinton, Ms 39060

If you need further assistance please contact one of our commercial underwriters at 1.877.782.2594

ACORD COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION DATE **1C**

PRODUCER (A) (B)	PHONE (A/C, Ho, Ext): (1B)	CARRIER	NAIC CODE:	UNDERWRITER
POLICIES OR PROGRAM REQUESTED (1D)				
CODE: SUB CODE:		INDICATE SECTIONS ATTACHED		
AGENCY CUSTOMER ID		<input type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO TRUCKERS/MOTOR CARRIER	<input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA

STATUS OF SUBMISSION		PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY BOUND (Give Date and/or Attach Copy):		ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
DATE: TIME: AM/PM	PROPOSED EFF DATE: (1E)	PROPOSED EXP DATE: (1F)	BILLING PLAN: DIRECT BILL / AGENCY BILL	PAYMENT PLAN:	AUDIT:

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds): (1G)	FEIN OR BOC BEC # (of First Named Insured): (1H)
MAILING ADDRESS INCL ZIP+4 (of First Named Insured): (1I)	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER 'S' CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LIMITED CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORGANIZATION <input type="checkbox"/> YEAR BUSINESS STARTED:
INSPECTION CONTACT: (1J) PHONE (A/C, Ho, Ext): (1K)	ACCOUNTING RECORDS CONTACT: PHONE (A/C, Ho, Ext):

PREMISES INFORMATION						
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
		(1N)	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S) (1O)
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GENERAL INFORMATION		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In FL, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
4. ANY CATASTROPHE EXPOSURE?						
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?						
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO						

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.

APPLICANT'S SIGNATURE: (1Q) PRODUCER'S SIGNATURE: (1R)

PRIOR CARRIER INFORMATION

2A

LINE	CATEGORY													
GENERAL LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	
	RETRO DATE													
	EFF-EXP DATE													
	GENERAL AGGREGATE													
	PRODUCTS COMP OP AGGREGATE													
	PERSONAL & ADV 34J													
	EACH OCCURRENCE													
	FIRE DAMAGE													
	MEDICAL EXPENSE													
	BODILY INJURY	OCCURRENCE												
	PROPERTY DAMAGE	AGGREGATE												
	COMBINED SINGLE LIMIT													
	MODIFICATION FACTOR													
TOTAL PREMIUM														
AUTOMOBILE LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	COMBINED SINGLE LIMIT													
	BODILY INJURY	EA PERSON												
		EA ACCIDENT												
	PROPERTY DAMAGE													
	MODIFICATION FACTOR													
	TOTAL PREMIUM													
PROPERTY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	BUILDING AMT													
	PERS PROP AMT													
	MODIFICATION FACTOR													
TOTAL PREMIUM														
	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	LIMIT													
	MODIFICATION FACTOR													
TOTAL PREMIUM														

LOSS HISTORY 2B

ENTER ALL CLAIMS (REGARDLESS OF FAULT) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
							OPEN
							CLOSED
							OPEN
							CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		# PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

3A

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:	BUILDING:
<input type="checkbox"/>	LOSS PAYER				VEHICLE:	BOAT:
<input type="checkbox"/>	MORTGAGEE				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/>	LIENHOLDER				OTHER	
<input type="checkbox"/>	EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							

ACORD COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YY)

PRODUCER	PHONE (A/C, Ho, Ext)	APPLICANT (First Named Insured) 4A			
EFFECTIVE DATE		EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
AGENCY CUSTOMER ID:		FOR COMPANY USE ONLY			
CODE:	SUB CODE:				

COVERAGES		LIMITS		PREMIUMS	
<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	GENERAL AGGREGATE 4C	\$	PREMISES/OPERATIONS
<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE 4B	<input type="checkbox"/>	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/>	PERSONAL & ADVERTISING INJURY	\$	PRODUCTS 4D
<input type="checkbox"/>		<input type="checkbox"/>	EACH OCCURRENCE	\$	
DEDUCTIBLES		<input type="checkbox"/>	FIRE DAMAGE (Any one fire)	\$	OTHER
<input type="checkbox"/>	PROPERTY DAMAGE \$ 4E	<input type="checkbox"/>	MEDICAL EXPENSE (Any one person)	\$	
<input type="checkbox"/>	BODILY INJURY \$	<input type="checkbox"/>	EMPLOYEE BENEFITS	\$	
					TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)

SCHEDULE OF HAZARDS **4F**

LOCATION	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
4G	4H	4I	4J					

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)		EMPLOYEE BENEFITS LIABILITY	
1. PROPOSED RETROACTIVE DATE:		1. DEDUCTIBLE PER CLAIM: \$	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:		2. NUMBER OF EMPLOYEES:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?		3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		4. RETROACTIVE DATE:	
REMARKS		REMARKS	

ACORD™ PROPERTY SECTION

DATE

PRODUCER (5A)	PHONE (A/C, No, Ext)	APPLICANT (First Name Insured) (5B)			
EFFECTIVE DATE		EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
CODE:	SUB CODE:	FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID:					

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
(5C)	(5D)	(5E)		(5F)		(5G)	

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL 90 DAYS 150 DAYS % COINS \$	\$ DED ELEC MEDIA ORD OR LAW	DAYS MO PERIOD DAYS \$ LIMIT MAX PERIOD	\$ STUDENTS OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	% COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE	DAYS PERIOD REST
						LIMIT LOSS PAY	% % % %

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE (5H)	DISTANCE TO HYDRANT (5I) FT	FIRE DISTRICT/CODE NUMBER (5J)	PROF CL (5K)	# STORIES	# BASHMTS	YR BUILT (5L)	TOTAL AREA (5M)
BUILDING IMPROVEMENTS	BLOG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
<input type="checkbox"/> WIRING, YR: (5N) <input type="checkbox"/> ROOFING, YR: (5N) <input type="checkbox"/> OTHER: (5R)	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR:	WIND CLASS	HEATING BOILER ON PREMISES?	IF YES, IS INSURANCE PLACED ELSEWHERE? YES NO			
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE (5S)	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS		
BURGLAR ALARM INSTALLED AND SERVICED BY (5T)	# GUARDS/WATCHMEN		CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION LOCAL GONG				

ADDITIONAL INTERESTS (5U)		EVIDENCE CERTIFICATE POLICY	RANK: INTEREST	NAME AND ADDRESS	EVIDENCE CERTIFICATE POLICY
RAHK:	NAME AND ADDRESS	<input type="checkbox"/>	LOSS PAYEE MORT-GAGEE		<input type="checkbox"/>
(5V)	(5W)				

REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				